PointClickCare®

Medicaid Readiness Checklist: Four Capabilities for a Smaller, Higher-Acuity Population

Can your care management model keep pace as Medicaid eligibility and renewal rules change?

As Medicaid work requirements and six-month redeterminations take effect in 2027, plans will need to manage a smaller, higher-acuity population amid faster renewal cycles and 7- and 30-day follow-up windows. Use this checklist to identify where delayed data, manual work, or unclear priorities could prevent your team from finding members, acting in time, and maintaining continuity of care.

How to Score: Check a box only if the answer is yes today, at scale, for your Medicaid population.

1 Visibility - Is your team acting on information in real time?

What this measures: sight. Whether your team works from what is happening now, everywhere your members are. What you do with it comes next.

- ☐ Do admission, ED, transfer, and discharge events reach your team the moment they happen?
- ☐ Does your visibility span the settings members move through: hospital inpatient, emergency department, and skilled nursing?
- ☐ Do out-of-network and out-of-state encounters surface as they happen?
- ☐ Can your team see the post-acute stay progressing, including when discharge is coming?
- ☐ Does your team have the member's latest contact information from their most recent encounter?

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What good looks like: Nothing about a member's movement through healthcare is invisible or late. The team sees it as it happens, wherever it happens.

2 Prioritization - Is your team's worklist prioritized by urgency?

What this measures: sequence. Who your team works first when everything is urgent.

- ☐ Do members entering time-critical HEDIS denominators surface immediately, ranked by time remaining?
- ☐ Do members declining in post-acute settings move up the list as readmission risk rises?
- ☐ Are members facing complex transitions home (follow-up appointments, DME, limited family support or transportation) flagged for coordination before discharge day?
- ☐ Are each member's open gaps consolidated, so one outreach can close several?
- ☐ Does priority re-rank as new information arrives throughout the day?

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What good looks like: Urgency is more than one thing: the closing window, the declining member, the complex transition. A worklist that sees all three puts limited capacity where the next 48 hours matter most.

Clinical Intelligence - Is your team's outreach informed by the latest clinical context?

What this measures: context. What the team knows before it acts.

3

- [ ] Does outreach begin with the member's diagnosis, medication changes, and follow-up needs in hand, within 24 hours of discharge?
- [ ] Are high-risk medications flagged for your team automatically?
- [ ] Does your team know why a member's readmission risk is rising, before they act?
- [ ] Are likely barriers to care (home support, equipment, transportation, medication access) visible before the first contact attempt?
- [ ] Can your team build trust from the first conversation, arriving with the context to guide the member toward their next best step of care?

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What good looks like: The call guides instead of investigates. The team knows the story before the call, because the context arrives with the event.

Workflow Automation - Is the work between knowing and acting automated?

What this measures: motion. Whether action happens without a person pushing it.

4

- [ ] Do worklists populate automatically the moment an event opens a measure or raises risk?
- [ ] Is the clinical picture assembled before the care manager opens the record?
- [ ] Is readmission risk scored and re-scored automatically across every post-acute stay?
- [ ] Does the right clinical information reach your network's care teams at the right time, automatically?
- [ ] Are referrals, follow-up confirmation, and documentation completed inside a workflow your providers share?

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What good looks like: The manual work between knowing and acting disappears. Lists build, charts prep, risk re-scores, the network stays informed, and documentation writes itself, so the team's hours go to members and a smaller team runs a bigger job.

Your score: ___ / 20

16-20
Well positioned

Protect your real-time speed as volume, acuity, and renewal churn rise.

10-15
Partially Ready

Your foundation is in place, but manual work still slows prioritization. Close these gaps first.

Under 10
Structurally exposed

Retrospective data and manual coordination leave timing gaps that more effort alone cannot close.

Next step: Re-run the checklist for LTSS members. A lower score signals where pressure will hit first. If care management is delegated, complete it with your delegate.

Where PointClickCare Fits

Bring your scores to a PointClickCare demo to pinpoint capability gaps and identify the next steps your team can take to close them.

Learn more

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